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Approved For Release 2006/11/13 13 15 16 16 16 175 - 00399 ROOM						CONTROL NO.		
PREPARE IN DUPLICATE						DDG (01 /DGD 00		
1. TITLE OF REPORT (if a fill-in report include Form No.)						OL/PSD		
	(11 2 11	The topological	1011111000		2. TYPE OF	X NARRAT		
Report of	f Division	Safety Inspecti	ions		REPORT		E-NAME LISTING	
		PERSONNEL	TRAINING		X ADMIN.			
3. FUNCTIONAL	AREA	LOGISTICS	SEGURITY		OTHER (specify)		
4. NO. OF COPIE	ES PREPARED	MEDICAL FINANCE 5. FREQUENCY (weekly, monthly, quarterly		u ata \	6. DISTRIBUTION (No. of components not			
40 1100 01 001 11	TO THE AND	Je i uracion (week)	y, monthly, qual cer	,, , ,,,,,	number of	opies)	omponents not	
4		Bimonthly			1			
		8. ADP PROCESSING 9. DI			RECTIVE AUTHORITY REQUIRING REPORT			
1	int-out, etc)	<u> </u>	IVE ADP PROCESSING N			•		
Memorandum X NO Request of Chief, PSD 10. PREPARING COMPONENT (include lowest level								
10. PREPARING CO	OMPONENT (inc) g information	lude lowest level to report)	Form No. or	TS (State i nomenciati	total number an	d identify b	y Title, : if necessary.)	
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PSD Safe	ty Officer		None					
			12. COST FACT					
	T		PREPARATION AN		COSTS			
GRADE	HOURLY RATE	X HOURS PER	COST PER X	TIMES PREPARED	=	COST PER Y	EAR	
								
GS-13	\$ 9.40		\$ 94.00	6		\$ 564.0	00	
GS-7	4.28	1 hour	4.28	6		25. 6	38	
	1							
		B. COSTS	OF COMPUTER PRO	DUCED RE	PORTS			
Mono	1							
None								
	-							
]						
			TOTAL COSTS P	ER VEAR				
					\$ 589.68			
13. COMPLETE DET	FAILED JUSTIFI FREDORT WAS F	CATION FOR THIS REP	ORT (in addition to	directive	or authority ci	ted in item	9). IF KNOWN,	
INCLUDE DATE				HED REGULE	EMENT.			
INCLUDE DATE	L KEFORT WAS I	THOI STARTED AND GU	MPONENT WHO ESTABLIS	HED REQUIR	EMENT.			
INCLUDE DATE	E HELVII WHO I	- ING! STARTED AND CO	MEGINENI MUG ESINDEIS	HED REQUIR	EMENT.			
INCLUDE DATE				·		safety p	rogram	
Report re		PSD managem	ent. Necessar	·		safety p	rogram	
Report re	equired by	PSD managem		·		safety p	rogram	
Report re	equired by	PSD managem		·		safety p	rogram	
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